## 98428467

(SEAL)

## **UNOFFICIAL COPY**

WARRANTY DEED Joint Tenancy Illinois Statutory	95 <b>4</b> 15 <b>267</b>
MAIL TO NUALD 6 NAGEL 400 EMST 162 Mg STILLET	. DEPT-01 RECORDING \$23.50 . T#0009 TRAN 2942 06/03/96 15:57:00
NAME & ADDRESS OF TAXPAYER	. \$9786 \$ ER ★-96-418467 . COCK COUNTY RECORDER
Robert Moore & Katie Moore 16327 Carse Avenue	
Harvey, Illinois 60426	RECORDER'S STAMP
	ea morned to Majories & Skus
of the <u>City</u> of <u>Das Plaines</u> for and in consideration of <u>Jen and C</u> and other good and valuable considerations in h	County of <u>Cook</u> State of <u>Illinois</u> 00/100 (\$10.00)
817 D. 153rd Street, Phoenix Grantee's Address	Illinois 60426 City State Zip
	ANCY, pli interest in the following described Real Estate situated in the
THE CARSE AVENUE) IN THE SUITE OF THE SOUTHEAST 1/4 OF SECTION OF THE CHICAGO AND INTERURB OF THE SOUTH 1/2 OF THE N SOUTHEAST 1/4 OF SECTION 20	1/2 OF THE JEST 179.61 FEET OF THE EAST M SAID TRACT THE WEST 33 FEET TAKEN FOR BDIVISION BY OWNERS OF HE NORTHWEST 1/2 CTION 20, TOWNSHIP 36 NORTH, RANGE 14, MERIDIAN, (EXCEPTING THE RIGHT-OF-WAY AN TRACTION COMPANY ALSO THE NORTH 1/2 ORTH 1/2 OF THE NORTHBAST 1/4 OF THE , TOWNSHIP 36 NORTH, RANGE 14, EAST OF N IN COOK COUNTY, ILLINOIS.
•	quired for legal - attach on separate 8-1 2 x 11 sheet.
	I by virtue of the Homestead Exemption Laws of the State of Illinois, tenancy in common, but in Joint Tenancy forever.
Permanent Index Number(s) 29-20-405	-039-0000
Property Address 16327 Carse Avenue	, Harvey Illinois 60426
DATED this 123/2 day of 23/2 day of 23/2	(SEAL) & Magner B. Sikon (SEAL)

## **UNOFFICIAL COPY**

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HERFBY CERTIFY THAT DANGE A SUBJECT AND PLANGER B SUBJECT B	STATE OF ILLINOIS County of	}ss	
personally known to me to be the same person(s) whose name(s) is fare subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that		A and a second and a	3Y CERTIFY
Given under my hand and notarial seal, this 23 to day of MA7, 1992.  What is a seal of the	personally known to instrument, appeared t	ne to be the same person(s) whose name(s) is are subscribed to the sefore me this day in person, and acknowledged that	signed,
My commission expires on 3-17  OFFICIAL SEAL PETER N APOSTAL WOTCOMMSSION EXPRESSORIZED  IMPRESS SEAL HERE  NAME AND ADDRESS OF PREPARER: PETER N HYDOSTAL  NAME AND ADDRESS OF PREPARER: PETER N HYDOSTAL  OFFICIAL SEAL PETER N APOSTAL  NAME AND ADDRESS OF PREPARER: PETER N HYDOSTAL  OFFICIAL SEAL PETER N APOSTAL  DATE  PROBLEM STATE OF ILLINOIS  REA GIATE TRANSFER TAX  PRICESS  OFFICIAL SEAL PETER N HYDOSTAL  OFFICIAL SEAL PETER N HYDOSTAL  OFFICIAL SEAL PETER N APOSTAL  OFFICIAL SEAL  OFFICIAL SEAL PETER N APOSTAL  OFFICIAL SEAL  OFFICIAL SE			
OFFICIAL SEAL PETER N APOSTAL MOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPRES: 03/17/00  IMPRESS SEAL HERE  EXP.MPT  TRANSFLS  STATE OF ILLINOIS  REVENUE  STATE OF ILLINOIS  REVENUE  3 9. 6 0  ## This conveyance must contain the name and address of the Grantee for tax billing purposes: (Chap. 55 ILCS 5/3-5020).	Given under my	hand and notarial seal, this 23th day of MAY	, 19 94 .
OFFICIAL SEAL PETER N APOSTAL MOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPRES: 03/17/00  IMPRESS SEAL HERE  EXP.MPT  TRANSFLS  STATE OF ILLINOIS  REVENUE  STATE OF ILLINOIS  REVENUE  3 9. 6 0  ## This conveyance must contain the name and address of the Grantee for tax billing purposes: (Chap. 55 ILCS 5/3-5020).	6	- The Granta C	5 5 5 1 1°
OFFICIAL SEAL PETER N APOSTAL MOTANY PUBLIC, STATE OF ILLINOIS IMPRESS SEAL HERE  NAME AND ADDRESS OF PREPARER: Petra H Hypostal  COUNTY - ILLINOIS TRANSFER STAMPS  EXT.MPT    STATE OF ILLINOIS REM GIATE TRANSFER IAX DATE:  DATE:  OFFICIAL SEAL MOTANS PROBLEM  STATE OF ILLINOIS REVENUE:  3 9. 0 0  "This conveyance must contain the name and address of the Grantee for tax brilling purposes: (Chap. 55 ILCS 5/3-5020) and name and address of the person preparing the instrument: (Chap. 55 ILCS 5/3-5022).	My commission expire	2-17 molive	Rotary Public
OFFICIAL SEAL PETER N APOSTAL MOTANY PUBLIC, STATE OF ILLINOIS MY COMMESSION EXPERS: 03/17/00  IMPRESS SEAL HERE  EXT.MPT  EXT.MPT  TRANSELS  STATE OF ILLINOIS  RESCRIPTION  PRICESS  STATE OF ILLINOIS  REVENUE  TRANSELS  DATE:  PRICESS  STATE OF ILLINOIS  REVENUE  STATE OF ILLINOIS  BUYER, Sell  CHICAGO TEC. 60603  ** This conveyance must contain the name and address of the Grantee for tax billing purposes: (Chap. 55  ILCS 5/3-5020) and name and address of the person preparing the instrument: (Chap. 55 ILCS 5/3-5022).	bry commission expire	To set of the	
OFFICIAL SEAL PETER N APOSTAL MOTANY PUBLIC, STATE OF ILLINOIS MY COMMESSION EXPIRES: 03/17:00  IMPRESS SEAL HERE  EXUMPT  EXUMPT  TRANSELS  STATE OF ILLINOIS  REFORM FOR THE DATE:  PRICESS  Buyer, Sell  CHICAGO TEC. 60603  ** This conveyance must contain the name and address of the Grantee for tax billing purposes: (Chap. 55 ILCS 5/3-5020) and name and address of the person preparing the instrument: (Chap. 55 ILCS 5/3-5022).			
PETER N APOSTAL NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 03/17/00  IMPRESS SEAL HERE  EXT.MPT  FRANSER  TRANSER  TRANSER  DATE:  PROCESS  ** This conveyance must contain the name and address of the Grantee for tax billing purposes: (Chap. 55 ILCS 5/3-5022).	OFFICIAL		
IMPRESS SEAL HERE  EXIMPT I  NAME AND ADDRESS OF PREPARER:  Petter M. Arosini  DATE:  Petter M. Arosini  CHicago Fee: 60603  ** This conveyance must contain the name and address of the Grantee for tax billing purposes: (Chap. 55 ILCS 5/3-5022).	PETER N AF	OSTAL	S 05 13 100
NAME AND ADDRESS OF PREPARER:  PETER N HOST PL  20 5 CLARIC ST SCILE 100  Buyer, Sell  CHICAGO TEC. 60603  ** This conveyance must contain the name and address of the Grantee for tax briling purposes: (Chap. 55 ILCS 5/3-5020) and name and address of the person preparing the instrument: (Chap. 55 ILCS 5/3-5022).	MY COMMISSION EXP	ES:03/17/00 COUNTY - ILLINOIS TRANSFER	CSTAMPS
NAME AND ADDRESS OF PREPARER:  PETER IN APPOST AL  20 5 CLARK ST - Scite 100  CHICAGO TEC - 60603  ** This conveyance must contain the name and address of the Grantee for tax billing purposes: (Chap. 55 ILCS 5/3-5020) and name and address of the person preparing the instrument: (Chap. 55 ILCS 5/3-5022).	IMPRESS:	SEAL HERE EXIMPT ( STATE OF )	HINOIS
## This conveyance must contain the name and address of the Grantee for tax brilling purposes: (Chap. 55 ILCS 5/3-5020) and name and address of the person preparing the instrument: (Chap. 55 ILCS 5/3-5022).	NAME AND ADDR	DEA ROTATE TO	INSFER TAX
** This conveyance must contain the name and address of the Grantee for tax billing purposes: (Chap. 55 ILCS 5/3-5020) and name and address of the person preparing the instrument: (Chap. 55 ILCS 5/3-5022).	PETER H AN	DATE: POLITICAL DEFT OF THE REVENUE	3 9. 0 0
** This conveyance must contain the name and address of the Grantee for tax brilling purposes: (Chap. 55 ILCS 5/3-5020) and name and address of the person preparing the instrument: (Chap. 55 ILCS 5/3-5022).			mar marana i minapiana propri desa de la compresa del la compresa de la compresa
ILCS 5/3-5020) and name and address of the person preparing the instrument: (Chap. 35 ILCS 5/3-5022).	CHICAGO TEL	· 60603	
	** This conveyance mu ILCS 5/3-5020) and nar	t contain the name and address of the Grantee for tax briling purposes are and address of the person preparing the instrument: (Chap. 55 H.CS)	: (Chap. 55 5/3-5022).
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